

FRANCHISEE APPLICATION FORM

APPLICANT INFORMATION

Name:		
Date of birth:	ID:	Phone:
Current address:		
City:	Province:	Postal Code:
Own Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Full Time / Part Time <i>(Please circle)</i>	Annual income:

EMERGENCY CONTACT INFORMATION

Name of a relative not residing with you:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

SPOUSE INFORMATION IF APPLICABLE

Name:		
Date of birth:	ID:	Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Full time / Part time <i>(Please circle)</i>	Annual income:

REFERENCES

Name	Address	Phone

CHILDREN'S DETAILS

Name / Age	Name / Age
Name / Age	Name / Age

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint application):</i>	Date:

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DETAILS OF YOUR LAST SCHOOL / COLLEGE / UNIVERSITY ATTENDED

YOUR PROFESSIONAL HOSPITALITY QUALIFICATIONS OR WORK EXPERIENCE

ARE YOU PLANNING TO BE AN OWNER/MANAGER?

HOW MANY STAFF DO YOU CURRENTLY CONTROL

DO YOU OR YOUR IMMEDIATE FAMILY HAVE ANY HEALTH PROBLEMS

Signature of applicant:

Date:

Signature of spouse *(only if for a joint application)*:

Date:

FRANCHISEE APPLICATION FORM

DO YOU WISH TO APPLY FOR A WIESENHOF FRANCHISE?

DO YOU HAVE A POTENTIAL SITE OR AREA IN MIND?

HOW WOULD YOU DESCRIBE YOUR PUBLIC RELATIONS SKILLS

WHAT WOULD YOU DESCRIBE AS YOUR WEAK CHARACTERISTICS

WHAT WOULD YOU DESCRIBE AS YOUR STRONG CHARACTERISTICS

Signature of applicant:

Date:

Signature of spouse *(only if for a joint application)*:

Date:

FRANCHISEE APPLICATION FORM

WHAT OTHER BUSINESS COMMITMENTS DO YOU HAVE?

HAVE YOU EVER BEEN DECLARED INSOLVENT, PLEASE SUPPLY DETAILS

YOUR CURRENT BANKERS (INCLUDE BRANCH AND ACC DETAILS)

HOW MUCH CAPITAL DO YOU HAVE AVAILABLE?

WHAT IS THE SOURCE OF THIS CAPITAL?

Signature of applicant:

Date:

Signature of spouse *(only if for a joint application)*:

Date: